



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION

Name	71	Member of:				
Howard Me	tadden	☐ House ☐ Senate				
Mailing address	Parad	District 20				
City, zip code	L-OCC:					
Dennysville, 1	Maine 04628	(207) 726-4676				
PART 1 INCOME	E DERIVED FROM EMPLOYMENT BY ANO					
. March Prigners and California (1994) and the control of the cont		B-100 : 프로그램 보고 : [[리고말 #11] : 12 H.				
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
	2 State House Station Augustin, MF 04333	Legislater				
State of Maine	Autusta, MF 04333	he ista				
		in 200 alam minimum ang apar 190 ang ini manaman an manaman apar 23 alam makamananan ana mang 190 alam ini manamanan 190 apar				
		and all the second of the seco				
PART 2. INC	OME DERIVED FROM SELF-EMPLOYMEN					
(For	Legislators who are self-employed.)					
A. List the name and address of your busined income. If associated with a partner	ness, if any, and list the major areas of ed ship, firm, professional association, or simil-	conomic activity from which you				
derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.						
	Major Areas of Economic Activity	Major Areas of Economic				
Name and Address of Business Entity	(self)	Activity (partnership, association or similar				
Name:	or the the second control of the second cont	business entity)				
Name: / Address:						
ente de l'Assaultante entre des la Colonia de la Colonia d	. Via Manufel M. Annaha Gartin					
Name: Address:						
Audited.						

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT				
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the parties the entity or person from whom the income was derived.	derived such income. If this form of principal type of economic activity of				
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name:					
Address:					
Name:	-				
Address:					
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)					
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	Consideration of the Constitution of the Const				
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)				
Name:					
Address:					
Name:					
Address:					
PART 4. OTHER SOURCES OF INCOME					
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.				
☐ None Name and Address of Source	Kind of Income (investments, leases, etc.)				
Name: Maine State Retirement System	(Administration of the State of				
Address: 46 SHS, Auguster MF 04333	Retirement				
Name:					
Address:					
PART 5. REPORTABLE LIABILITIES					
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box					
None					
Name and Address of Creditor	Principal Type of Economic Activity of Creditor				
Name:					
Address:	,				
Name:					
Address:					
PART 6. REPORTABLE GIFTS					
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more	e than \$300 from a single source. If				
none, check the box	n 1998 de Balance de la companya de				
Name of Source of Gift Name of 1. 3.	Source of Gift				
2. 4.	Marketin service and the service of				

PART 7. REPORT	ΓABLE	HONO	RARIA			
List the source of any honoraria accepted for appearances or spee			2	2 - A 2 - A	ne, check the	box.
None		A management of the second of		The second secon	- 27	entretta 19 il i relibbro de romanistation y il mongre en , a
Name of Source of Honoraria	— 0, v		N	ame of Source of	Honoraria	Marie Carlotte Carlotte
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2.	4.			and the second		And the second s
PART 8. REPRESENTATIO	N BEFO	RE ST	ATE A	GENCIES		
List each executive branch agency before which you represented the box.	or assis	ted oth	ers for a	compensation of	any amount.	If none, check
None					4	
Name of Agency				Name of Age	ncy	
1.	3.		Section .			
2.	4.				-	N 27 (
PART 9. BUSINESS V	VITH ST	ATE A	GENC	ZIES II		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	our imme	diate fa	mily sol	ld goods or service	es with a val	ue in excess of
None	*		- 10 M	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O		:
Name of Agency		5 W. Britan		Name of Age	icy	CHARLES AND SECURITY OF THE SE
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PART 10. INCOME RECEIVED BY	МЕМВ	ERS O	FIMME	EDIATE FAMIL	v Name in and	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$	1.000 c	r more	received by your	shouse or d	ependent child d by spouse or
Type of Economic Activity Representing Source of Income Rece	ived	appro	cle priate ter	K	ind of neome	
1.		S	D	ing the second of the second o	intervence of the state of the	Service of the servic
2.	· · · · · · · · · · · · · · · · · · ·	S	D		TANK TANK TANK TANK TANK TANK TANK TANK	
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Sign/	TURE					
A Legislator who willfully fails to file a required statement is su	bject to	a fine	of \$10	per business d	ay until the	report is filed.

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

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		**************************************	ADDITIONAL INFORMATION		
Please provide information you	any additional are providing.	information belo	ow (and on additional sheets if needed). Indicate the part or	section number for the
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